

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005983

**Entity Name:** CORRECTCARE-INTEGRATED HEALTH, INC.

**Current Principal Place of Business:**

1218 SOUTH BROADWAY  
SUITE 250  
LEXINGTON, KY 40504

**Current Mailing Address:**

1218 SOUTH BROADWAY  
SUITE 250  
LEXINGTON, KY 40504 US

**FEI Number:** 31-1491074

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO	Title	CHAI
Name	BAXTER, ANTHONY Q	Name	HELLEBUSCH, ARTHUR A
Address	154 EAST BELL COURT	Address	134 HAMILTON PARK
City-State-Zip:	LEXINGTON KY 40508	City-State-Zip:	LEXINGTON KY 40504
Title	PRES	Title	ST
Name	GOINS, LINDA	Name	STURGILL, MELISSA F
Address	400 OLD VERSAILLES ROAD	Address	3425 BRANDON DRIVE
City-State-Zip:	FRANKFORT KY 40601	City-State-Zip:	LEXINGTON KY 40502
Title	D	Title	CFO
Name	BAXTER, ANTHONY Q	Name	SHRIDER, KATHI
Address	154 E BELL COURT	Address	3337 LAWSON LANE
City-State-Zip:	LEXINGTON KY 40508	City-State-Zip:	LEXINGTON KY 40509

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELISSA STURGILL

**SECRETARY/TREASURER** 01/21/2019

Electronic Signature of Signing Officer/Director Detail

Date